

Form
(July 2000)

8872

Department of the Treasury
Internal Revenue Service

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

► See separate instructions.

A For the period beginning November 28, 2000 and ending December 31, 2000

B Check applicable boxes: ☐ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization Florida Medical Political Action Committee **Employer identification number**
59 : 6546557

2 Mailing address (P.O. Box or number, street, and room or suite number)
PO Box 10269

City or town, state, and ZIP code
Tallahassee, FL 32302

3 E-mail address of organization tstapleton@medone.org **4** Date organization was formed
June 24, 1974

5a Name of custodian of records
Timothy Stapleton

5b Custodian's address
PO Box 10269
Tallahassee, FL 32302

6a Name of contact person
Timothy Stapleton

6b Contact person's address
PO Box 10269
Tallahassee, FL 32302

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number
113 East College Avenue
City or town, state, and ZIP code
Tallahassee, FL 32301

8 Type of report (check only one box)

a ☐ First quarterly report (due by April 15)

b ☐ Second quarterly report (due by July 15)

c ☐ Third quarterly report (due by October 15)

d ☒ Year-end report (due by January 31)

e ☐ Mid-year report (Non-election
year only-due by July 31)

f ☐ Monthly report for the month of: _____
(due by the 20th day following the month shown above, except the
December report, which is due by January 31)

g ☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election: _____
(2) Date of election: _____
(3) For the state of: _____

h ☐ Post-general election report (due by the 30th day after general election)
(1) Date of election: _____
(2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A).

9 3020.28

10 Total amount of reported expenditures (total from all attached Schedules B).

10 84,069.87

**Sign
Here**

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge
and belief, it is true, correct, and complete.

Signature of authorized official

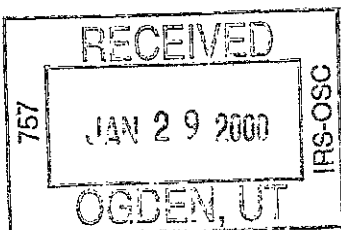
Date

1/22/01

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 30406G

Form 8872 (7-2000)



Schedule A Itemized Contributions

Schedule A page 1 of 1

Name of organization

Employer identification number

Florida Medical Political Action Committee

5916546557

Contributor's name, mailing address and ZIP code Internal Revenue Service IRS Center Richmond, VA 23261	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date . . . ▶ \$ 318.20	Amount of contributions reported for this period \$ 318.20
Contributor's name, mailing address and ZIP code Merrill Lynch PO Box 8500 Boston, MA 02266-8500	Name of contributor's employer N/A Contributor's occupation N/A Aggregate contributions year-to-date . . . ▶ \$ 12,335.99	Amount of contributions reported for this period \$ 2702.08
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$
Contributor's name, mailing address and ZIP code	Name of contributor's employer Contributor's occupation Aggregate contributions year-to-date . . . ▶ \$	Amount of contributions reported for this period \$

Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 . . . ▶

\$ 3020.28

Schedule B Itemized ExpendituresSchedule B page **1** of **5**

Name of organization

Florida Medical Political Action Committee

Employer identification number

59:6546557

Recipient's name, mailing address and ZIP code <i>Allergy & Asthma Care of FL 1800 SE 17th St. #300 Ocala, FL 34471</i>	Name of recipient's employer <i>N/A</i>	Amount of each expenditure reported for this period <i>\$ 1397.15</i>
Recipient's occupation <i>N/A</i>		
Recipient's name, mailing address and ZIP code <i>Karl M. Altenburger, MD 1800 SE 17th St. #300 Ocala, FL 34471</i>	Name of recipient's employer <i>Allergy & Asthma Care of FL</i>	Amount of each expenditure reported for this period <i>\$ 609.⁹⁰</i>
Recipient's occupation <i>Physician</i>		
Recipient's name, mailing address and ZIP code <i>American Medical PAC 1101 Vermont Ave. N.W. Washington, DC 20005</i>	Name of recipient's employer <i>N/A</i>	Amount of each expenditure reported for this period <i>\$ 440.⁰⁰</i>
Recipient's occupation <i>N/A</i>		
Recipient's name, mailing address and ZIP code <i>American Medical PAC 1101 Vermont Ave NW Washington, DC 20005</i>	Name of recipient's employer <i>N/A</i>	Amount of each expenditure reported for this period <i>\$ 1650.⁰⁰</i>
Recipient's occupation <i>N/A</i>		
Recipient's name, mailing address and ZIP code <i>American Medical PAC 1101 Vermont Ave NW Washington, DC 20005</i>	Name of recipient's employer <i>N/A</i>	Amount of each expenditure reported for this period <i>\$ 4345.⁰⁰</i>
Recipient's occupation <i>N/A</i>		
Recipient's name, mailing address and ZIP code <i>American Medical PAC 1101 Vermont Ave NW Washington, DC 20005</i>	Name of recipient's employer <i>N/A</i>	Amount of each expenditure reported for this period <i>\$ 8250.⁰⁰</i>
Recipient's occupation <i>N/A</i>		
Recipient's name, mailing address and ZIP code <i>American Medical PAC 1101 Vermont Ave NW Washington, DC 20005</i>	Name of recipient's employer <i>N/A</i>	Amount of each expenditure reported for this period <i>\$ 4405.⁰⁰</i>
Recipient's occupation <i>N/A</i>		
Recipient's name, mailing address and ZIP code <i>American Medical PAC 1101 Vermont Ave NW Washington, DC 20005</i>	Name of recipient's employer <i>N/A</i>	Amount of each expenditure reported for this period <i>\$ 15,810.⁰⁰</i>
Recipient's occupation <i>N/A</i>		
Recipient's name, mailing address and ZIP code <i>Bank Card Center PO Box 1630 Tallahassee, FL 32302-1630</i>	Name of recipient's employer <i>N/A</i>	Amount of each expenditure reported for this period <i>\$ 45.⁹⁹</i>
Recipient's occupation <i>N/A</i>		

Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.

\$ 36,953.04

Schedule B Itemized Expenditures		Schedule B page 2 of 5
Name of organization		Employer identification number
Florida Medical Political Action Committee		5916546557
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Capital City Bank PO Box 900 Tallahassee FL 32301	N/A	\$ 33. ⁵⁰
	Recipient's occupation N/A	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Capital City Bank PO Box 900 Tallahassee FL 32301	N/A	\$ 15. ⁰⁰
	Recipient's occupation N/A	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Capital City Bank PO Box 900 Tallahassee FL 32301	N/A	\$ 17. ⁵⁴
	Recipient's occupation N/A	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Capital City Bank PO Box 900 Tallahassee FL 32301	N/A	\$ 15. ⁰⁰
	Recipient's occupation N/A	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Capital City Bank PO Box 900 Tallahassee FL 32301	N/A	\$ 15. ⁰⁰
	Recipient's occupation N/A	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Capital City Bank PO Box 900 Tallahassee FL 32301	N/A	\$ 102. ⁹⁵
	Recipient's occupation N/A	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Capital City Bank PO Box 900 Tallahassee FL 32301	N/A	\$ 15. ⁰⁰
	Recipient's occupation N/A	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Capital City Bank PO Box 900 Tallahassee FL 32301	N/A	\$ 150. ⁰⁰
	Recipient's occupation N/A	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period
Capital City Bank PO Box 900 Tallahassee FL 32301	N/A	\$ 5. ⁰⁰
	Recipient's occupation N/A	
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.		\$ 348.99

Schedule B Itemized Expenditures

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Name of organization

Florida Medical Political Action Committee

Employer identification number

5916546557

Recipient's name, mailing address and ZIP code Capital City Bank PO Box 900 Tallahassee FL 32301	Name of recipient's employer N/A Recipient's occupation N/A	Amount of each expenditure reported for this period \$ 15 ⁰⁰
Recipient's name, mailing address and ZIP code Capital City Bank PO Box 900 Tallahassee FL 32301	Name of recipient's employer N/A Recipient's occupation N/A	Amount of each expenditure reported for this period \$ 15 ⁰⁰
Recipient's name, mailing address and ZIP code Capital City Bank PO Box 900 Tallahassee FL 32301	Name of recipient's employer N/A Recipient's occupation N/A	Amount of each expenditure reported for this period \$ 57 ³⁶
Recipient's name, mailing address and ZIP code Capital City Bank PO Box 900 Tallahassee FL 32301	Name of recipient's employer N/A Recipient's occupation N/A	Amount of each expenditure reported for this period \$ 15 ⁰⁰
Recipient's name, mailing address and ZIP code Capital City Bank PO Box 900 Tallahassee FL 32301	Name of recipient's employer N/A Recipient's occupation N/A	Amount of each expenditure reported for this period \$ 15 ⁰⁰
Recipient's name, mailing address and ZIP code Capital City Bank PO Box 900 Tallahassee FL 32301	Name of recipient's employer N/A Recipient's occupation N/A	Amount of each expenditure reported for this period \$ 15 ⁷⁵
Recipient's name, mailing address and ZIP code Florida Med. Assoc. PO Box 10269 Tallahassee FL 32302	Name of recipient's employer N/A Recipient's occupation N/A	Amount of each expenditure reported for this period \$ 22,059. ⁷¹
Recipient's name, mailing address and ZIP code Florida Med. Assoc. PO Box 10269 Tallahassee FL 32302	Name of recipient's employer N/A Recipient's occupation N/A	Amount of each expenditure reported for this period \$ 52 ⁰⁰
Recipient's name, mailing address and ZIP code Florida Med. Assoc. PO Box 10269 Tallahassee FL 32302	Name of recipient's employer N/A Recipient's occupation N/A	Amount of each expenditure reported for this period \$ 2290. ²³
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.		\$ 24,535. ⁰⁵

Schedule B Itemized Expenditures

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Name of organization

Employer identification number

Florida Medical Political Action Committee

5916546557

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of each expenditure reported for this period

Florida Med. Assoc.
Po Box 10269
Tallahassee FL 32302

N/A

Recipient's occupation

N/A

\$ 90⁶⁹

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of each expenditure reported for this period

Gateway
1711 Apalachee Pkwy
Tallahassee FL 32301

N/A

Recipient's occupation

N/A

\$ 5577.⁹¹

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of each expenditure reported for this period

Hefley & Assoc.
PO Box 795
Tallahassee FL 32302

N/A

Recipient's occupation

N/A

\$ 8000.⁰⁰

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of each expenditure reported for this period

Huntington Nat. Bank
L 362 Vehicle Leasing Dept.
Columbus, OH 43268

N/A

Recipient's occupation

N/A

\$ 269⁹²

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of each expenditure reported for this period

Insty Prints
PO Box 11128
Tallahassee FL 32302

N/A

Recipient's occupation

N/A

\$ 286⁷⁶

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of each expenditure reported for this period

Like One Communications
3400 Birchwood Manor
Tallahassee FL 32312

N/A

Recipient's occupation

N/A

\$ 6036.¹¹

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of each expenditure reported for this period

Sprint Conference Line
PO Box 27-311
Kansas City, MO 64180

N/A

Recipient's occupation

N/A

\$ 202.³⁵

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of each expenditure reported for this period

Thomas Howell Ferguson
PO Drawer 14569
Tallahassee, FL 32317-4569

N/A

Recipient's occupation

N/A

\$ 1275.⁷⁵

Recipient's name, mailing address and ZIP code

Name of recipient's employer

Amount of each expenditure reported for this period

US Postal Service
400 SW 1st Ave
Ocala, FL 34471

N/A

Recipient's occupation

N/A

\$ 173.²⁵

Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.

\$ 21,912.⁷⁹

Schedule B Itemized Expenditures		Schedule B page 5 of 5
Name of organization Florida Medical Political Action Committee		Employer identification number 5916546557
Recipient's name, mailing address and ZIP code U.S. Postal Service 400 SW 1st Ave Ocala, FL 34471	Name of recipient's employer N/A	Amount of each expenditure reported for this period \$ 300 ⁰⁰
	Recipient's occupation N/A	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872.		\$ 300.00